

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	<b>AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER</b>	Case Number <u>CV 2:06cv674</u>
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IN THE Middle District Ct. COURT OF Middle U.S. Court ALABAMA  
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Lonnie Cammon, Plaintiff vs PHS, et al  
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: Civil 42/1983 CHARGE(s) (if applicable): 42 U.S.C. 1983  
403 U.S. AT 388

☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☒ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me. 429 U.S. AT 106 ET

☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

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**SECTION I. AFFIDAVIT**

1. IDENTIFICATION  
 Full Name I, Lonnie Cammon #236498 Date of Birth 2-20-28  
 Spouse's Full Name (if married) NO  
 Complete Home Address P.O. Box 5107, Union Springs, AL 36089  
 Number of People Living in Household N/A  
 Home Telephone No. N/A  
 Occupation/Job disable Length of Employment N/A  
 Driver's License Number None \* Social Security Number 424-36-0728  
 Employer None Employer's Telephone No. \_\_\_\_\_  
 Employer's Address None

2. ASSISTANCE BENEFITS due to Inadequate medical care  
 Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)  
☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other 429 U.S. AT 106  
DENIAL

3. INCOME/EXPENSE STATEMENT  
 Monthly Gross Income:  
 Monthly Gross Income \_\_\_\_\_  
 Spouse's Monthly Gross Income (unless a marital offense) \_\_\_\_\_  
 Other Earnings: Commissions, Bonuses, Interest Income, etc. \_\_\_\_\_  
 Contributions from Other People Living in Household \_\_\_\_\_  
 Unemployment/Workmen's Compensation, \_\_\_\_\_  
 Social Security, Retirement, etc. \_\_\_\_\_  
 Other Income (be specific) \_\_\_\_\_  
**TOTAL MONTHLY GROSS INCOME** \$ IN Prison

Monthly Expenses:  
 A. Living Expenses  
 Rent/Mortgage \_\_\_\_\_  
 Total Utilities: Gas, Electricity, Water, etc. \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Health Care/Medical \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Car Payment(s)/Transportation Expenses \_\_\_\_\_  
 Loan Payment(s) \_\_\_\_\_  
IN Prison

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Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s) NONE

Educational/Employment Expenses NONE

Other Expenses (be specific) NONE

Sub-Total

B. Child Support Payment(s)/Alimony \$ N/A A \$ N/A

Sub-Total No money B \$ N/A

C. Exceptional Expenses \$ N/A

**TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)** \$ N/A

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Total Gross Monthly Income less total monthly expenses:

**DISPOSABLE MONTHLY INCOME** \$ NONE

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4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ \_\_\_\_\_

Equity in Real Estate (value of property less what you owe) \_\_\_\_\_

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) \_\_\_\_\_

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No N/A

(land, house boat, TV, stereo, jewelry)

If so, describe \_\_\_\_\_

**TOTAL LIQUID ASSETS** \$ NONE

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5. Affidavit/Request

*Signed under Penalty of Perjury*

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Judge/Clerk/Notary \_\_\_\_\_

MR. B. LONNIE CAMMON 236498  
P.O. Box 5107  
Union Springs, AL 36089

Affiant's Signature \_\_\_\_\_  
Print or Type Name \_\_\_\_\_

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**SECTION II. ORDER OF COURT**

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ \_\_\_\_\_ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: \_\_\_\_\_

☐ Affiant is indigent and request is GRANTED.

☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that \_\_\_\_\_, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Judge